

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035494

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 74

Primary Registration District No. 44

Registrar's No. 44

VS 300
Rev. 4/59

1 0250

2 0975

3

4 0

5 1

6

7 0

8 0

9 443X

10

11

12 86-0

13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 30 1963

1. PLACE OF DEATH

a. COUNTY Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Plattsburg

Length of stay in 1b
6 mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Plattsburg Rest Hm.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Saline

c. CITY OR TOWN Marshall

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Charles Wesley Nixon

4. DATE OF DEATH
Month Day Year
Sept. 18 1963

5. SEX
male

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
4-19-1885

9. AGE (last birthday)
78

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of life, or if retired)

10b. KIND OF BUSINESS OR INDUSTRY
Construction

11. BIRTHPLACE (City and state or country)
Hustonia, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

John Nixon

13b. MOTHER'S MAIDEN NAME

Ellen Pummell

14. NAME OF HUSBAND OR WIFE

Lulu Nixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No, or unknown) (If Yes, give war or dates)

no.

XX

16. SOCIAL SECURITY NO.

9

17. INFORMANT

Mrs. C.W. Nixon Marshall, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c):
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebro-Vascular Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Cardiovascular Disease of 5 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT, SUICIDE, HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-17-63 to 9-18-63 and last saw him alive on 9-18-63
Death occurred at 12:00 Noon on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John P. Mahoney MD.

22b. ADDRESS

Plattsburg, Mo.

22c. DATE SIGNED

9-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9-18-1963

23c. NAME OF CEMETERY OR CREMATORY

Arrow Rock Cemetery

23d. LOCATION (City, town, or county)

Arrow Rock Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Reser Funeral Home Marshall Mo.

25. DATE RECD. BY LOCAL REG.

9-21-63

26. REGISTRAR'S SIGNATURE

Mary W. Secanee

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Philip C. Cox

Licensed Embalmer No. _____

4993

P. O. Address _____

Leavenworth, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.